

COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. **106389**  
 Permit No. \_\_\_\_\_  
 Basin **212**

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **33946**  
**3000 S LAS VEGAS BLVD.**

1. OWNER **ECHOLON RESORTS LLC**  
 MAILING ADDRESS **6465 S RAINBOW LAS VEGAS, NV 89118**  
 ADDRESS AT WELL LOCATION **LAS VEGAS, NV**

2. LOCATION **NW 1/4 SW 1/4 Sec 09 T 21 S R 61 E** **CLARK** County  
 PERMIT NO. **DW1247** **162-09-311-003** **ECHOLON**  
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE **Dewater**  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<b>Plug 2-Dewatering well</b>				
<b>#44 &amp; #43</b>				
<b>Casings backfilled and compacted-abandon in place. Filled with 2.5 yards of 9 sack cement slurry to surface of each well.</b>				
<b>WGS84</b>				
<b>N36 07 948'</b>				
<b>W115 10 203'</b>				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Feet	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal \_\_\_\_\_  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level \_\_\_\_\_ feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **ALLEN DRILLING INC.**  
(CONTRACTOR)

Date started **7/24, 20 08**  
 Date completed **7/24, 20 08**

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
	Draw Down		Time (Hours)
G.P.M.	(Feet Below Static)		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address **4015 WEST TOMPKINS AVE**  
(CONTRACTOR)  
**LAS VEGAS, NV 89103**  
 Nevada contractor's license number issued by the State Contractor's Board **18916 & 18917**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **MPDEW2343**  
 Signed *[Signature]*  
 By driller performing actual drilling on site or contractor  
 Date **August 12, 2008**

